

Task Force to Improve End of Life Care

MINUTES

November 5, 2004 Meeting

PRESENT:

- 1. Robert Crausman, M.D.**
- 2. Kathleen Heren**
- 3. Brenda Briden**
- 4. Cheryl Dexter**
- 5. Elizabeth Shelov**
- 6. Maura Perrin**
- 7. Mary Logan, RN, MSN**
- 8. Hon. Catherine Graziano**
- 9. Donald Anderson**
- 10. Cheryl Taylor**
- 11. Analee Wulfhuhle**
- 12. Susan Miller, Ph.D.**
- 13. Christopher Novak**
- 14. Therese Rochon, RNP**
- 15. Paula Parker**
- 16. Tom Wachtel, M.D.**
- 17. Donna Cone, Ph.D.**

- 18. Jayne Pawasauska**
- 19. Barbara O'Brien**
- 20. Patrick Lynch (ACS)**
- 21. Jackie Janicki**
- 22. Lisa Welch**
- 23. Ed Martin, M.D.**
- 24. Aman Nanda, M.D.**
- 25. Cheryl Albright**
- 26. Maureen Glynn**
- 27. Patrick C. Lynch**

The Task Force to Improve End of Life Care (hereinafter “Task Force”) met on November 5, 2004 at 12:30 p.m. at the First Floor Conference Room in Building #73 at the Rhode Island Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI. The Task Force members and interested persons introduced themselves.

Susan Miller, Ph.D., MBA, and Lisa Welch, Ph.D. from the Center for Gerontology and Health Care Research at Brown University, discussed the “Timely Access to Hospice Care in Nursing Homes.”

Dr. Miller noted that there were several reasons impacting the timeliness of nursing home residents being referred to hospice, including, but not limited to, reimbursement, knowledge, eligibility policies and practices, staff perception of hospice and the appropriateness of hospice. Attached is a copy of the presentation by Drs. Miller and Welch. In addition, Dr. Miller played a videotape prepared for Florida concerning hospice care. The video could be adopted for use in Rhode Island.

The Task Force discussed the impact of reimbursement for hospice care. Presently in Rhode Island, Medicaid does not reimburse hospice care in nursing homes through electronic billing, but rather as paper claims, which causes in a delay in payment. Physicians also have constraints concerning reimbursement for nursing home patients.

The Task Force discussed the important role of the medical community in hospice referrals and advanced care planning. The Task Force noted that frequently the physicians are not involved in advanced care planning but rather nursing home social workers would discuss such issues with a resident. The Task Force discussed the role of the Medical Director in providing information concerning hospice to physicians and staff. It was noted that physicians determine whether a hospice referral is appropriate based on the patient's condition. The increased number of patients with dementia impacts such an evaluation. It was noted that there are

federal guidelines for Alzheimer's and dementia patients to receive hospice care. The federal guidelines provide twelve steps with a disease-by-disease review, which can be helpful with certification. The LMRP is used therapeutically and slightly differs from the federal guidelines.

The Task Force estimated there are approximately 50-60 medical directors for nursing homes in Rhode Island and approximately 120-135 doctors who admit patients to nursing homes. The Task Force discussed the need for training nursing home medical directors concerning hospice. The Task Force agreed to form a working group to develop a "Training the Trainer" program for medical directors concerning hospice care. Then the medical directors will be able to train the nursing home physicians and nurses.

The Task Force discussed the role of hospice care prior to admission to a nursing home. The Task Force noted that discharge planning has a critical role to informing patients about hospice care as an option for treatment. Blue Cross is conducting a pilot program involving palliative care. The pilot program is anticipated to operate for approximately 18 months. Terry Rochon, RNP, explained that there is a program to certify nurses in pain management, which include all aspects of pain management. Ms. Rochon serves as a consultant to the program in developing the curriculum and testing.

Attorney General Patrick C. Lynch discussed the importance of end of life care planning for both seniors and children. He noted the importance of education and efforts to prevent patients from dying in pain. Attorney General Lynch thanked the Task Force for all their efforts both as Task Force members and in their individual professional capacities to improve end of life care for Rhode Islanders.

The Task Force was informed that the rules and regulations for the licensing for physicians includes a CME provision noting the addition of hospice care, pain management, and palliative care as topical issues.

The Task Force discussed pain policy on a national level. The Task Force discussed the Drug Enforcement Agency's recent withdrawal of the FAQ's concerning pain management. The Task Force was informed about the National Association of Attorneys Generals is continuing the initiative to improve end of life care. Attorney General Lynch is an Executive Member of NAAG End of Life Health Care Working Group. The Task Force was informed about the Federation of State Medical Boards' Pain Policy and agreed to establish a work group to review the policy.

The Task Force members were invited to submit a list of projects they have been or are involved with concerning end of life care, hospice care, palliative care, pain management, and advanced care planning

so that other members of the Task Force will be aware of these activities.

The Task Force agreed to schedule monthly meetings on the second Wednesday of the month at 8:30 A.M., if necessary